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| Index of Claims  | Application/Control No. 10799325 | Applicant(s)/Patent Under Reexamination HOFFMAN, RANDY L. |
| | Examiner Tran, Thien F | Art Unit 2811 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

☐ Claims renumbered in the same order as presented by applicant
 ☐ CPA
 ☐ T.D.
 ☐ R.1.47

| CLAIM | | DATE | | | | | | | | | |
|-------|----------|------------|--|--|--|--|--|--|--|--|--|
| Final | Original | 04/26/2007 | | | | | | | | | |
| 1 | 1 | = | | | | | | | | | |
| | 2 | - | | | | | | | | | |
| 2 | 3 | = | | | | | | | | | |
| 6 | 4 | = | | | | | | | | | |
| 7 | 5 | = | | | | | | | | | |
| 3 | 6 | = | | | | | | | | | |
| 4 | 7 | = | | | | | | | | | |
| 5 | 8 | = | | | | | | | | | |
| 8 | 9 | = | | | | | | | | | |
| | 10 | - | | | | | | | | | |
| 9 | 11 | = | | | | | | | | | |
| 10 | 12 | = | | | | | | | | | |
| 11 | 13 | = | | | | | | | | | |
| 12 | 14 | = | | | | | | | | | |
| | 15 | - | | | | | | | | | |
| | 16 | - | | | | | | | | | |
| | 17 | - | | | | | | | | | |
| | 18 | - | | | | | | | | | |
| | 19 | - | | | | | | | | | |
| | 20 | - | | | | | | | | | |
| | 21 | - | | | | | | | | | |
| | 22 | - | | | | | | | | | |
| | 23 | - | | | | | | | | | |
| | 24 | - | | | | | | | | | |
| | 25 | - | | | | | | | | | |
| | 26 | - | | | | | | | | | |
| | 27 | - | | | | | | | | | |
| 13 | 28 | = | | | | | | | | | |
| 14 | 29 | = | | | | | | | | | |
| 15 | 30 | = | | | | | | | | | |
| | 31 | - | | | | | | | | | |
| | 32 | - | | | | | | | | | |
| | 33 | - | | | | | | | | | |
| 16 | 34 | = | | | | | | | | | |
| | 35 | - | | | | | | | | | |
| 17 | 36 | = | | | | | | | | | |

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| <i>Index of Claims</i>  | Application/Control No. 10799325 | Applicant(s)/Patent Under Reexamination HOFFMAN, RANDY L. |
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| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | <input type="checkbox"/> CPA | | | | <input type="checkbox"/> T.D. | | | | <input type="checkbox"/> R.1.47 | | | |
|--|----------|---|------------|------------------------------|--|--|--|-------------------------------|--|--|--|---------------------------------|--|--|--|
| CLAIM | | | DATE | | | | | | | | | | | | |
| Final | Original | | 04/26/2007 | | | | | | | | | | | | |
| 20 | 37 | = | | | | | | | | | | | | | |
| 21 | 38 | = | | | | | | | | | | | | | |
| 18 | 39 | = | | | | | | | | | | | | | |
| 19 | 40 | = | | | | | | | | | | | | | |